

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/551,752</td> </tr> <tr> <td>Filing Date</td> <td>January 26, 2009</td> </tr> <tr> <td>First Named Inventor</td> <td>Anthony Bruce Pike</td> </tr> <tr> <td>Title</td> <td>Medical Protection Sheet</td> </tr> <tr> <td>Art Unit</td> <td>3772</td> </tr> <tr> <td>Examiner Name</td> <td>Keri Jessica Nelson</td> </tr> <tr> <td>Attorney Docket Number</td> <td></td> </tr> </table>	Application Number	10/551,752	Filing Date	January 26, 2009	First Named Inventor	Anthony Bruce Pike	Title	Medical Protection Sheet	Art Unit	3772	Examiner Name	Keri Jessica Nelson	Attorney Docket Number	
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First Named Inventor	Anthony Bruce Pike														
Title	Medical Protection Sheet														
Art Unit	3772														
Examiner Name	Keri Jessica Nelson														
Attorney Docket Number															

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	Date
Name	July 12th, 2011
Title and Company	Telephone
Director, APA Parafrieta Limited	+44(0)1908 551008

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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